

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000015536

1. Entity Name

BRANDON ASSESSMENT AND COUNSELING CENTER,
INC.

Principal Place of Business

1210 MILLENNIUM PKWY
SUITE 1030
BRANDON, FL 33511 US

Mailing Address

1210 MILLENNIUM PKWY
SUITE 1030
BRANDON, FL 33511 US

04252008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3225547

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDENFIELD, MIKE PA
206 MASON ST
BRANDON, FL 33311

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000331468
05/22/08-80016-005 150.00

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

BILLINGSLEY, E. BRUCE

STREET ADDRESS

1210 MILLENNIUM PKWAY SUITE 1030

CITY- ST- ZIP

BRANDON, FL 33511

TITLE

NAME

STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08

813-654-8916

Date

Daytime Phone